

**InBalance  
Body Fit Boot Camp  
Release and Waiver of Liability**

I hereby acknowledge that my participation in exercise or any physical activities sponsored by, held at or occurring in connection with the City of Springfield and Body Fit Boot Camp, its employees or assignees and any and all related activities associated with such participation is completely voluntary.

I am fully aware that any and all exercise and physical activity on my part, or my participation therein, may be dangerous and involve risks and dangers of my being seriously injured, paralyzed or killed. In addition to physical injury, I am fully aware that exercising and/or any physical activity or related activities involves risks and dangers of financial injury and loss. I am further aware that such risks of physical and financial injury exist with respect to any such exercise activities and/or any physical activity. Despite such risks of injury involved in any such exercise and/or physical activities, I freely and voluntarily choose to be involved, assuming all risks of injury, paralysis or death.

Because I understand and assume all risks involved in participation in such exercise and/or other physical activities, I hereby waive any and all legal or other claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have against The City of Springfield, its employees or assignees and any and all people associated with this boot camp, for any and all injuries that I incur as a result of my participation in such exercise and/or related physical activities. Such risk of injury that I am knowingly and voluntarily assuming, and for which I am releasing liability, may result from negligence of a Released Party; my own negligence, or the negligence of any third party while I am participating in the exercise activity.

I have not been directly ordered by my employer to participate in this recreational activity, nor have I been paid wages or travel expenses while participating in this recreational activity. To the extent any disability or death is proximately caused by this voluntary recreational activity, I understand that all my worker's compensation benefits or compensation shall be forfeited pursuant to Section 287.120, Revised Statutes of Missouri, regardless of the fact that my employer, the City of Springfield, may have promoted, sponsored, or supported the recreational activity, expressly or impliedly, in whole or in part. The forfeiture of benefits shall not apply if the injury occurs on the City's premises due to an unsafe condition of the premises.

I acknowledge that this Release and Waiver of Liability is being relied upon by The City of Springfield and allowing me to participate in the physical and/or exercise activities described herein.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.**

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Print Name

Signature

Date